

The county fills out this box

Case No: \_\_\_\_\_

Case Name: \_\_\_\_\_

**Affidavit of Identity for a Child Under 16**

To the parent or guardian:

- Fill out and sign below.
- Print neatly and submit to your county social services office.

Name of parent (or guardian): \_\_\_\_\_  
*first middle last*Name of child under 16: \_\_\_\_\_  
*first middle last*Child's date of birth: \_\_\_\_\_  
*month day year*Child's place of birth: \_\_\_\_\_  
*city state (or foreign country)*

I declare under penalty of perjury under California state law that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of parent (or guardian):  \_\_\_\_\_